Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This committee accommanded by forms CRO-3100 and CRO-3500.

Amendment No No □ vo

CRO-3500.	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
	c. ID Number	
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09	d, Date Organized	
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10	2/8/2010	
7	s. Phone Number	
f:	919-633-5161	
Condition's Printer	The second secon	
g. Candidate ID Number	il. Purty Affiliation	
	0 1 1 -	
9	NON Partisan	
e. Office Sought	f. Jurisdiction	
School Don	erd	
District	2A	
(If office sought is not	aparisan, write "Nonpartisan" in [d]	
	Party Affiliation.)	
	4. Costodian of Books Information	
a. Full Name		
b. Mailing Address (Includ	b. Mailing Address (Include City, State, and Zip Code)	
e, Phone Number et. 1	Email Address	
6.Account informatio	in mel two-state and	
a. Financial Institution Ful	None Dispussion	
b. Purpose	Terral Harris	
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North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:	
Candidate Name:	negina Stanley Ping
Treasurer Name:	J same, as about
Treasurer Address:	309 Wayne Circle
(include city, state, & zip	Durkam the 27707
Treasurer Phone:	919-765-0572

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163 278 9(k).

3/8/2010 Duic Stgmet

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

FILED BY: Committee Name:	Reawa Stanley King
Treasurer Name:	Regissa Stanley King
Treasurer Address:	309 DayNe Circle
(include city, state, & zip)	Durham the 27707
Treasurer Phone:	919-433-5161
election cycle under the p until the end of the electi- expenditures during this of elections and file requi THIS DECLARATION (ministee intends to neither receive nor expend more than \$1,000 during the current procedures set forth in G.S. 163-278.10A. This certification will remain in effect on cycle for this committee. If this committee exceeds \$1,000 in contributions or election cycle, I understand that I must immediately notify the appropriate board red campaign finance reports. CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE
ar r . 1 L.L.	ny Certification to remain at or under the \$1,000 threshold. I will now be required ed report for all contributions and expenditures that have not been previouslying of the current election cycle. I further agree to file all turner reports required.
Note: This Certification	is to be filed at the Election Board where the committee's campaign reports are filed.



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C	Candidate Designation of Committee Fu	ınds
how the committee's fu	ndidate committees only and allows the candidate to designate in and are to be disbursed using the nine allowable methods outlined	the event of their death, in 163-278.16B(a)
Candidate Name:	regina Stanley Tring	
Committee Name:	Reg : Na Stantey Fthis	39
Treasurer Name:	Kegina Stanley-	-Bigg 1
If Candidate is own	treasurer, designate an agent to carry out designations	: Bashida At
Committee ID #:		
Level Registered:	[State] [County] If county, specify:	
Name esoleer for 1. School	m, I certify that the foregoing entities are eligible benefits. 16B(a). A copy of this form should be maintained with the date:	ficiaries under N.C.
Note: This Designa	ation is to be filed with the Election Board where the committee's and	
CRO-3900	Candidate Designation of Committee Funds	December 2009